



PATIENT

Coco Gonzalez

SPECIES

Canine

BREED

Canine

SEX

Spayed Female

AGE

12 Years

WEIGHT

64

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Ugorji

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

Dr. Ugorji

INVOICE

12321

DATE

11/19/25

PRESENTING CLINICAL SIGNS

11/18 - Coco is a 12 year 2 month old FS GSD mix that presented for acute nosebleed from the left nostril this morning. Lasted about 5 minutes after coming in from being outside. She sneezed several times and it stopped. Owner reports that she gave funky green beans and wonders if this is it? Or if she has a nasal foreign body. 11/19 - presenting for an abdominal ultrasound following abnormal lab work. The patient presented yesterday with unilateral epistaxis. Blood work showed elevated PSL and amylase levels. Coco has a history of hypertension and is currently on Amlodipine and Gabapentin. The owner has not noticed any more episodes of epistaxis since yesterday. The owner inquired about the potential side effects of Librela and Adequan injections, and it was explained that these are not documented side effects of either medication. Eating, drinking, defecating, and urinating within normal limits. No coughing, sneezing, vomiting, or diarrhea noted by owner.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Cortical infarcts were evident in the left kidney with pinpoint medullary mineral visualized bilaterally. The left kidney measured 5.0 cm in length. The right kidney measured 5.9 cm in length.

Adrenal Glands

The adrenal glands were not definitively visualized.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A well-demarcated nondisruptive hyperechoic nodule was present in the medial parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The hyperechoic nodule trends benign and is most consistent with benign criteria such as myelolipoma or mineralization. Pinpoint hyperechoic splenic parenchyma foci were visualized which may indicate splenic microinfarction, fibrosis or mineralization.

Liver

The liver presented enlarged in size. Homogenous normal to mildly increased hepatic parenchyma echogenicity. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. Scant cranial perihepatic free fluid was visualized.



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The gallbladder was mildly distended in size with moderate irregular congealed yet nonorganized nonmineralized gallbladder debris. No evidence of pericholecystic inflammation. The common bile duct was not visualized.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach was nondistended and contained echogenic, mild ingesta exhibiting progressive to strong distal acoustic shadowing without signs of obstruction or foreign material.

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The small intestine presented intact wall layering with normal wall layer ratio. Concurrent mild segmental nonshadowing intestinal ingesta without obstructive pattern. Segmental nonspecific hyperechoic intestinal mucosal speckling.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly exhibiting scant cranial perihepatic free fluid.
- Immature gallbladder mucocele.
- Benign splenic nodule/hyperechoic parenchyma foci.
- Shadowing gastric ingesta with mild nonspecific intestinal mucosal speckling.
- Pancreatic remodeling.
- Chronic renal changes exhibiting left kidney cortical infarcts.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatopathy, although nonspecific, is suggestive of benign criteria with occult hepatic neoplasia thought less likely. Given adequate clotting status and using a 25-gauge needle, hepatic FNA cytology could be considered for further clarification. No sonographic evidence of significant active pancreatitis although pancreatic remodeling owing to previous inflammation or chronic pancreatitis may present in a similar manner. Hepatosupportive medications and monitoring for evidence of progressive hepatopathy or cholestasis would be reasonable. Sonographic reassessment of the bilateral adrenal glands is indicated if clinical signs consistent with adrenal disease or persistent/progressive hypertension. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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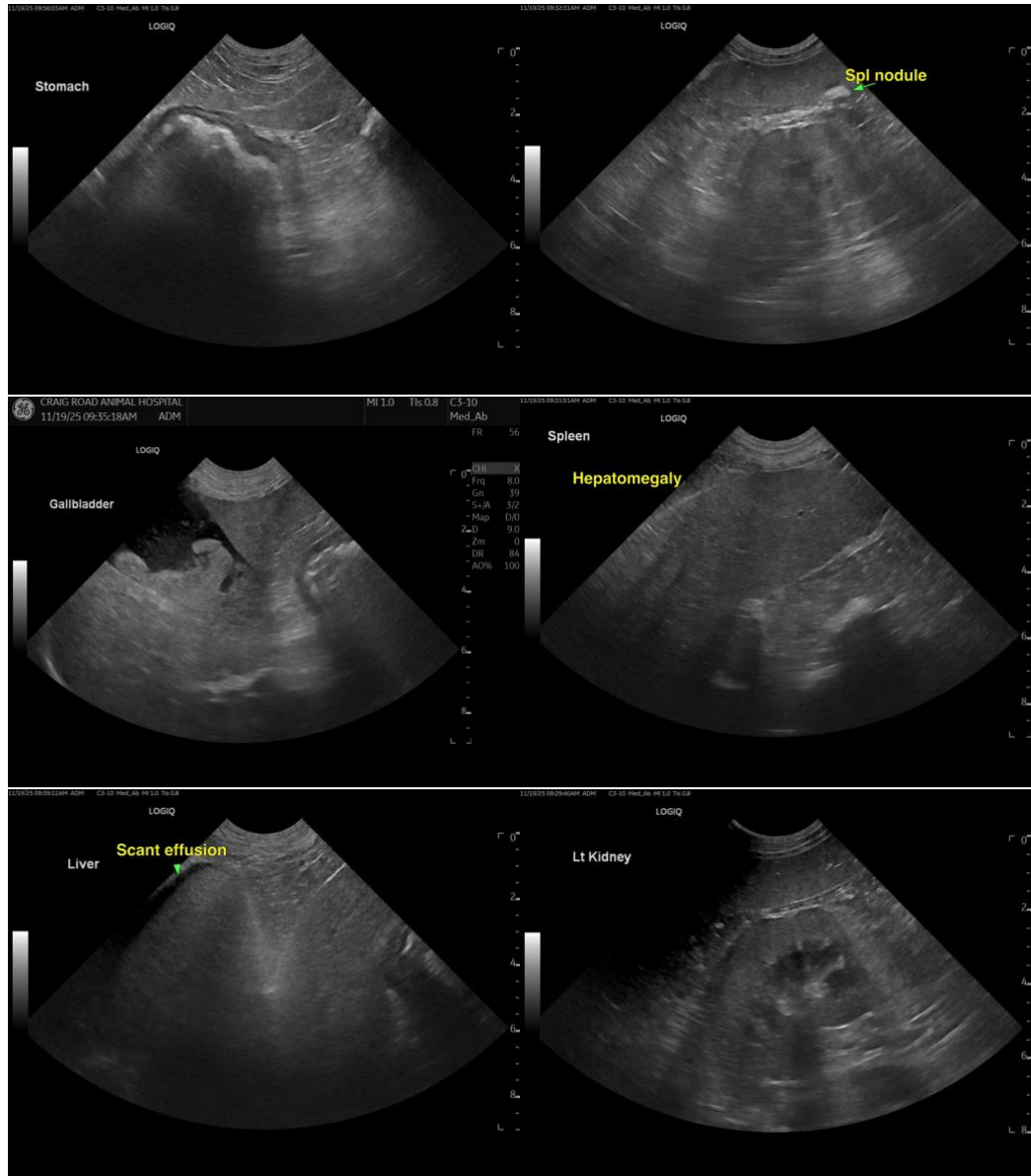
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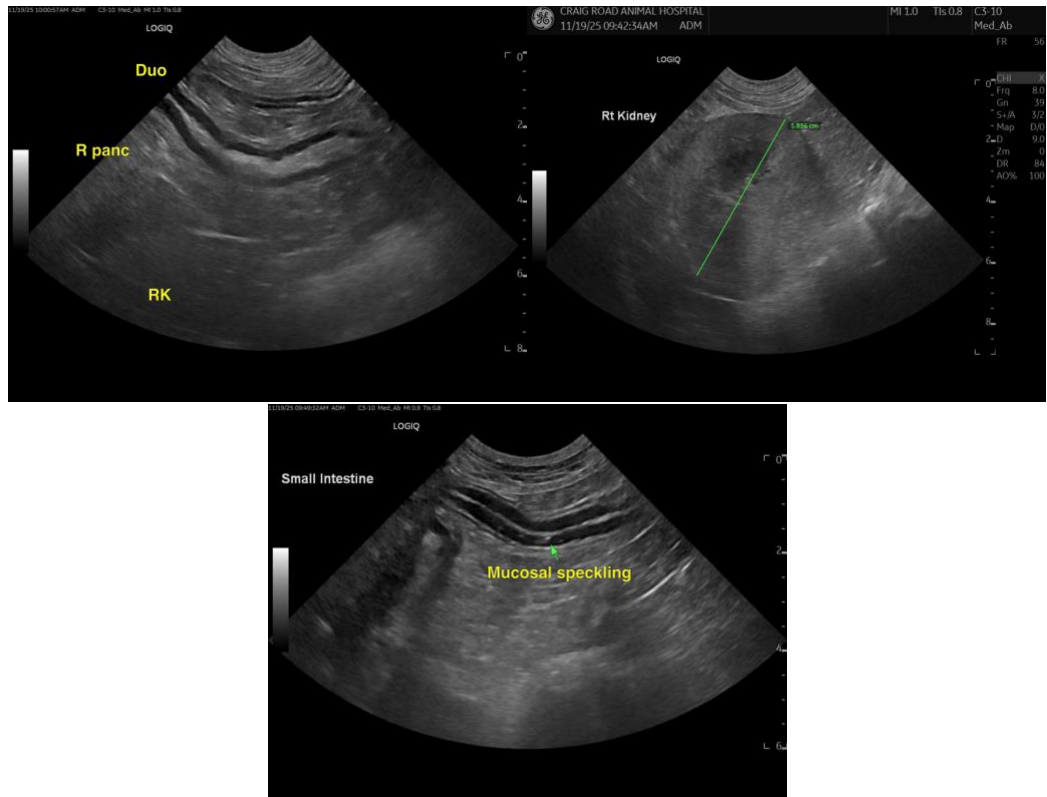
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com